



Water Resources Program
Application for Change/ Transfer of Water Right

RECEIVED

JUN 29 2012

Water Resources Program
Department of Ecology

Check the box below to indicate where you are filing this form.

<input checked="" type="checkbox"/> Department of Ecology A minimum fee must accompany this application. Consult with Ecology to determine the fee schedule for this application.	<input type="checkbox"/> Water Conservancy Board Fees charged by boards vary. Consult the appropriate board to determine the fee schedule for this application.
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(Check all that apply.)

- ☐ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☒ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change/transfer place of use
☐ Add additional irrigated acres
☐ Seasonal or Temporary – Start date / / End date / /
☐ Other (i.e. consolidation, intertie, drought)

Explain: _____

This change is to:

- ☐ Change the entire documented water right cited below
☐ Change a portion of the documented water right cited below

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 6/29/12
CHECK NO. _____ FEE \$ _____
DATE ACCEPTED _____ BY 12
CHANGE NO. C51-24706C
COUNTY Whatcom WRIA 3
SPECIAL AREA _____
SEPA: ☒ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. _____ PERMIT NO. _____
CERT NO. _____ CERT OF CHG NO. _____
CLAIM NO. _____ OTHER _____

****TYPE OR PRINT CLEARLY IN INK****

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>Arthur & Annette Vahratian</u>	PHONE NO. <u>425/210-3835</u>	FAX NO.
ADDRESS <u>518 West Lake Samish Drive</u>		
CITY <u>Bellingham</u>	STATE <u>WA</u>	ZIP CODE <u>98229</u>
EMAIL ADDRESS (OPTIONAL): <u>ppnwllc@comcast.net</u>		

PROPOSED PLACE OF USE LEGAL LAND OWNER NAME: <u>Arthur & Annette Vahratian</u>	PHONE NO: <u>425/210-3835</u>	OTHER NO:
ADDRESS: <u>Geo ID 3703263430210000</u>		
CITY: <u>Bellingham</u>	STATE: <u>WA</u>	ZIP: <u>98229</u>
EMAIL ADDRESS (OPTIONAL): <u>ppnwllc@comcast.net</u>		

CONTACT NAME (IF DIFFERENT FROM APPLICANT)	PHONE NO.	FAX NO.
RELATIONSHIP TO APPLICANT (RELATIVE, CONSULTANT, ETC.)		
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (OPTIONAL):		

If there are multiple applicants and landowners of the proposed place of use (ie. business entity, partnership, etc.) all persons must be listed separately and must sign the application. If more space is needed, attach additional sheets.

2. Water Right Information:

WATER RIGHT DOCUMENT NUMBER Certification No. <u>S1-24706</u>	DO YOU OWN THE WATER RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:
NAME(S) APPEARING ON THE WATER RIGHT DOCUMENT <u>Elvet G. Jones (previous/original owner)</u>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical beneficial use of water since the right was established. Also, indicate whether or not you have an approved water system plan or conservation plan.

3. Point(s) of Diversion/Withdrawal:

A. Existing Authorized Point(s) (as noted on the existing water right document)

SOURCE	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #	LAT-LONG
Lake Samish	SW	SE	26	T37N	R03E	3703263630210000 h		

B. Proposed Point(s)

SOURCE	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #	LAT-LONG
No Change								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal or have GPS location data, please include that information in Item No. 6 (Remarks and Other Relevant Information) or as an attachment.

4. Purpose and Period of Use:

A. Existing Authorized Use (as noted on the existing water right document)

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Single Domestic Supply	0.01	0.5	Continuously

B. Proposed Use

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Multiple Domestic Use	0.0025	0.25	Continuously

5. Place of Use:

A. Existing Authorized Place of Use (as noted on the existing water right document)

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
El Reposo Place Lot 26 Blk 1							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	SE	26	T37N	R03E	Whatcom	3703263630210000	
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME:							

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space above.

B. Proposed Place

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
El Reposo Place Lot 26 Blk 1 & El Reposo Place Lot 22 Blk 2							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	SE	26	T37N	R03E	Whatcom	3703263630210000 & 3703263430210000	
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
IF NO, PROVIDE OWNER(S) NAME:							

If adding irrigated acres

NUMBER OF ACRES CURRENTLY IRRIGATED:	NUMBER OF ACRES PROPOSED TO BE IRRIGATED:
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Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER RIGHTS OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):
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6. Water Use Information:

Has a water meter been installed on the existing source (point of diversion or withdrawal)? ☒ YES ☐ NO

If YES, use a separate sheet to provide water use data for the previous 5 years.

If NO, state how water use information will be provided.

7. Remarks and Other Relevant Information:

Art & Annette Vahratian are the owners of both properties. Shortly after taking ownership in Nov. 2003 the Vahratian's installed a water meter and in the 8+ years of ownership they have used a total of 25127 gallons of water (avg. 3125 gal yr or 260 gal mth for 8 years). With an avg of 30 days per month we are using .006 gal per min which is far below the minimum on our "Certificate of Water Right". As demonstrated by the actual use the Vahratians are model stewards of their water conservation practices and have every intension to continue if granted this request.

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, P.O. Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Arthur A. Vahratian

Print Name

Check all that apply

☒ Applicant or authorized representative

☒ Water Right Holder

Arthur A. Vahratian

Signature

6/12/12

Date

☒ Legal Owner or Part Owner Existing Place of Use

☒ Legal Owner or Part Owner Proposed Place of Use

Annette D. Vahratian

Print Name

Check all that apply

☒ Applicant or authorized representative

☒ Water Right Holder

Annette D. Vahratian

Signature

6/12/12

Date

☒ Legal Owner or Part Owner Existing Place of Use

☒ Legal Owner or Part Owner Proposed Place of Use

Print Name

Check all that apply

☐ Applicant or authorized representative

☐ Water Right Holder

Signature

Date

☐ Legal Owner or Part Owner Existing Place of Use

☐ Legal Owner or Part Owner Proposed Place of Use

Print Name

Check all that apply

☐ Applicant or authorized representative

☐ Water Right Holder

Signature

Date

☐ Legal Owner or Part Owner Existing Place of Use

☐ Legal Owner or Part Owner Proposed Place of Use

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS.****

IMPORTANT APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

Submit your application to either:

<p>Department of Ecology Cashiering Unit PO Box 47611 Olympia, Washington 98504-7611</p>	<p>Water Conservancy Board</p> <table> <tr> <td>Adam</td> <td>Mason</td> <td>Spokane</td> </tr> <tr> <td>Benton</td> <td>Island</td> <td>Stevens</td> </tr> <tr> <td>Chelan</td> <td>Kittitas</td> <td>Thurston</td> </tr> <tr> <td>Douglas</td> <td>Klickitat</td> <td>Walla Walla</td> </tr> <tr> <td>Ferry</td> <td>Lewis</td> <td>Whitman</td> </tr> <tr> <td>Franklin</td> <td>Lincoln</td> <td>Yakima</td> </tr> <tr> <td>Grant</td> <td>Okanogan</td> <td></td> </tr> </table>	Adam	Mason	Spokane	Benton	Island	Stevens	Chelan	Kittitas	Thurston	Douglas	Klickitat	Walla Walla	Ferry	Lewis	Whitman	Franklin	Lincoln	Yakima	Grant	Okanogan	
Adam	Mason	Spokane																				
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Chelan	Kittitas	Thurston																				
Douglas	Klickitat	Walla Walla																				
Ferry	Lewis	Whitman																				
Franklin	Lincoln	Yakima																				
Grant	Okanogan																					

Below is a map of the State of Washington, which outlines the four Ecology regional offices. If you have questions about your application or to discuss the Conservancy Board with jurisdiction, contact the Water Resources program at the regional office in which your project is located.



Please check the regional office in which your project is located.

<input checked="" type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, Washington 98008-5452 (425) 649-7000	<input type="checkbox"/> Central Regional Office 15 West Yakima Avenue, Suite 200 Yakima, Washington 98902-3452 (509) 575-2490
<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, Washington 98504-7775 (360) 407-6300	<input type="checkbox"/> Eastern Regional Office 4601 North Monroe Street Spokane, Washington 99205-1295 (509) 329-3400

Point(s) of Diversion/Withdrawal - ☒ Existing ☐ Proposed:

Purpose(s) of Use - ☐ Existing ☒ Proposed:

Place of Use - ☒ Existing ☒ Proposed:

ECY 040-1-97 (Rev. 1-6-10) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

